PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  49480- 05/													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN S SMALL ENTITY		
TOTAL CLAIMS			15		  -		. [	RATE	FEE	٦ ˈ	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	1
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		•		I	X\$ 9=		OR	X\$18=		1
INDEPENDENT CLAIMS			3 minus 3 =		•		ŀ	X43≈	<del>                                     </del>	1	X86≠		
MULTIPLE DEPENDENT CLAIM P			RESENT						<del>                                     </del>	OR			1
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	+145=		OR	+290=	7/10	
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	JOR.	TOTAL	770	ł
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM! PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 15	Minus	**	10	•	Γ	X\$ 9=		OR	X\$18=		
	Independent	- 3	Minus	***	3	-	Ì	X43≃		OR	X86≃		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	+145=		OR	+290=		
·								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE	<b>!</b>	,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 15	Minus	de la	20	•	Γ	X\$ 9≖		OR	X\$18=		İ
	Ind pendent	• 4	Minus	***	3	= /	r	X43=		OR	X86≑	86	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						r	+145=		OR	+290≖		
							L	TOTAL			TOTAL	86	DO
	•	(Cohrma 4)		(Colum	n 21	(Column 3)	AE	DDIT. FEE!		JO. ,	ADDIT. FEE <b>L</b>	.0 •	
<i>(</i> , )		(Column 1)		HIGHE	ST		Г		ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total		Minus	**		<b>-</b> .		X\$ 9=	1 2.1	OR	X\$18=		
MEN	Independent	•	Minus	***		8	$\vdash$	X43=			X86=		
4	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		$\vdash$		<del></del>	OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
[	f the "Highest Nur I the "Highest Nur	nber Previously Pa	ld For IN THIS ld For IN THIS	S SPACE is S SPACE is	less than less than	20, enter "20." 3, enter "3."		TOTAL DIT. FEE			DOTT. FEE L		
1	The "Highest Num	ber Previously Paid	TOTAL (TOTAL OF	maepende	ut) er me	uduest ununget	OUTK	an nue sabb	Approximation	ai COU	- 14T F.		

FORM PTO-875 (Rev. 10/03)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number

101686575